COLUMBIA HEALTH CARE CENTER

323 WEST MONROE STREET

WYOCENA	53969	Phone: (608) 429-218	1	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	caffed (12/31/03):	124	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	124	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	1/03:	117	Average Daily Census:	114

Services Provided to Non-Residents		Age, Gender, and Primary Di	-		12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis		Age Groups	용	Less Than 1 Year	21.4
Supp. Home Care-Personal Care	No					1 - 4 Years	40.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	4.3	More Than 4 Years	17.9
Day Services	No	Mental Illness (Org./Psy)	24.8	65 - 74	12.0		
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	33.3		79.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.9	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	4.3		100.0		
Other Meals	No	Cardiovascular	7.7	65 & Over	95.7		
Transportation	No	Cerebrovascular	5.1			RNs	5.6
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	10.3
Other Services	No	Respiratory	1.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	53.8	Male	31.6	Aides, & Orderlies	33.1
Mentally Ill	No			Female	68.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

		Medicare Medicaid Title 18) (Title 19)		Other			:	Private Pay		Family Care		Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	330	69	95.8	111	0	0.0	0	24	80.0	161	0	0.0	0	0	0.0	0	108	92.3
Intermediate				3	4.2	92	0	0.0	0	1	3.3	159	0	0.0	0	0	0.0	0	4	3.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	5	16.7	90	0	0.0	0	0	0.0	0	5	4.3
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		72	100.0		0	0.0		30	100.0		0	0.0		0	0.0		117	100.0

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COLUMBIA HEALTH CARE CENTER

******	*****	******	*****	****	****	******	*****					
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	2/31/03					
Deaths During Reporting Period												
				9	% Needing		Total					
Percent Admissions from:		Activities of	8	Ass	sistance of	% Totally	Number of					
Private Home/No Home Health	6.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.8	Bathing	0.9		86.3	12.8	117					
Other Nursing Homes	4.5	Dressing	13.7		80.3	6.0	117					
Acute Care Hospitals	82.6	Transferring	31.6		63.2	5.1	117					
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.9		76.9	5.1	117					
Rehabilitation Hospitals	0.0	Eating	37.6		55.6	6.8	117					
Other Locations	5.3	*****	*****	****	*****	******	******					
Total Number of Admissions	132	Continence		용	Special Treat	tments	8					
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.4	Receiving F	Respiratory Care	17.1					
Private Home/No Home Health	28.7			26.5	Receiving 7	Tracheostomy Care	0.0					
Private Home/With Home Health	4.9	Occ/Freq. Incontinen	t of Bowel	12.0	Receiving S	Suctioning	0.0					
Other Nursing Homes	4.9				Receiving (Ostomy Care	1.7					
Acute Care Hospitals	9.0	Mobility			Receiving 7	Tube Feeding	4.3					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.6	Receiving N	Mechanically Altered Diet	s 19.7					
Rehabilitation Hospitals	0.0											
Other Locations	5.7	Skin Care			Other Resider	nt Characteristics						
Deaths	46.7	With Pressure Sores		6.8	Have Advanc	ce Directives	65.0					
Total Number of Discharges		With Rashes		4.3	Medications							
(Including Deaths)	122				Receiving H	Psychoactive Drugs	57.3					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

****	*****	*****	*****	*****	*****	*****	*****	*****
	Owne	ership:	Bed	Size:	Lic	ensure:		
This	Gove	ernment	100	-199	Ski	lled	Al	1
Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
8	%	Ratio	ଚ	Ratio	ઇ	Ratio	ઇ	Ratio
85 1	88 1	0.97	87 2	0 98	88 1	0 97	87 4	0.97
								1.02
								1.54
								0.82
								0.75
36.0	17.8	2.03	46.3	0.78	42.9	0.84	61.6	0.58
92.3	85.9	1.07	96.5	0.96	92.4	1.00	88.1	1.05
95.7	88.5	1.08	93.3	1.03	93.1	1.03	87.8	1.09
61.5	76.4	0.81	68.3	0.90	68.8	0.89	65.9	0.93
								1.22
								0.13
								0.79
53.8	21.1	2.56	21.6			2.46	20.6	2.62
43.6	44.7	0.97	50.4	0.86	48.0	0.91	49.4	0.88
57.3	62.8	0.91	55.3	1.04	54.9	1.04	57.4	1.00
6.7	7.8	0.86	7.4	0.91	7.3	0.93	7.3	0.92
	85.1 78.6 30.3 115.8 107.0 36.0 92.3 95.7 61.5 25.6 0.9 26.5 53.8 43.6 57.3	This Gove Facility Peer %	Facility Peer Group 8 Ratio 85.1 88.1 0.97 78.6 55.3 1.42 30.3 26.8 1.13 115.8 57.4 2.02 107.0 59.7 1.79 36.0 17.8 2.03 92.3 85.9 1.07 95.7 88.5 1.08 61.5 76.4 0.81 25.6 18.1 1.42 0.9 0.5 1.59 26.5 47.1 0.56 53.8 21.1 2.56 43.6 44.7 0.97 57.3 62.8 0.91	This Government 100 Facility Peer Group Ratio 8 85.1 88.1 0.97 87.2 78.6 55.3 1.42 78.9 30.3 26.8 1.13 23.1 115.8 57.4 2.02 115.9 107.0 59.7 1.79 117.7 36.0 17.8 2.03 46.3 92.3 85.9 1.07 96.5 95.7 88.5 1.08 93.3 61.5 76.4 0.81 68.3 25.6 18.1 1.42 19.3 0.9 0.5 1.59 0.5 26.5 47.1 0.56 39.6 53.8 21.1 2.56 21.6 43.6 44.7 0.97 50.4 57.3 62.8 0.91 55.3	This Government 100-199 Facility Peer Group % Ratio % Ratio 85.1 88.1 0.97 87.2 0.98 78.6 55.3 1.42 78.9 1.00 30.3 26.8 1.13 23.1 1.31 115.8 57.4 2.02 115.9 1.00 107.0 59.7 1.79 117.7 0.91 36.0 17.8 2.03 46.3 0.78 92.3 85.9 1.07 96.5 0.96 95.7 88.5 1.08 93.3 1.03 61.5 76.4 0.81 68.3 0.90 25.6 18.1 1.42 19.3 1.33 0.9 0.5 1.59 0.5 1.82 26.5 47.1 0.56 39.6 0.67 53.8 21.1 2.56 21.6 2.50 43.6 44.7 0.97 50.4 0.86 57.3 62.8 0.91 55.3 1.04	This Government 100-199 Ski. Facility Peer Group Peer Group Ratio % Ratio % 85.1 88.1 0.97 87.2 0.98 88.1 78.6 55.3 1.42 78.9 1.00 69.7 30.3 26.8 1.13 23.1 1.31 21.4 115.8 57.4 2.02 115.9 1.00 109.6 107.0 59.7 1.79 117.7 0.91 111.3 36.0 17.8 2.03 46.3 0.78 42.9 92.3 85.9 1.07 96.5 0.96 92.4 95.7 88.5 1.08 93.3 1.03 93.1 61.5 76.4 0.81 68.3 0.90 68.8 25.6 18.1 1.42 19.3 1.33 20.5 0.9 0.5 1.82 0.5 26.5 47.1 0.56 39.6 0.67 38.2 53.8 21.1 2.56 21.6 2.50 21.9 43.6 44.7 0.97 50.4 0.86 48.0 57.3 62.8 0.91 55.3 1.04 54.9	This Government 100-199 Skilled Facility Peer Group Ratio Ratio Reaction Ratio Ratio Ratio Ratio Ratio Ratio Ratio	This Government 100-199 Skilled Al Facility Peer Group Peer Group Ratio